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To:

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office M/S Amendment	(571) 273-8300	

FROM: Katherine D. Lee (Reg. No. 44,865)

DATE: May 16, 2006

Number of pages with cover page:	27
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**Contents of this Transmission:**

Atty Docket No. 495142000100:

Inventor: Mark W. SLIPP et al.

Application No.: 09/881,513

Filing Date: June 12, 2001

Group Art Unit: 2143

Examiner: D. England

Title: METHOD AND APPARATUS FOR NETWORK CONTENT INSERTION AND  
PHASE INSERTION**Document:**

Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Petition for Extension of Time - 3 mos. (1 page)

Amendment (22 pages)

Facsimile Return Receipt Cover

Sender's Initials: KDL3/jxh3

Date May 16, 2006

sf-2130503

MAY 16 2006

PTO/BB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

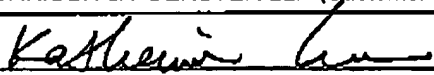
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/881,513
		Filing Date	June 12, 2001
		First Named Inventor	Mark W. SLIPP
		Art Unit	2143
		Examiner Name	D. E. England
Total Number of Pages in This Submission	26	Attorney Docket Number	495142000100

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (22 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Return Receipt Cover
Remarks:		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Katherine D. Lee		
Date	May 16, 2006	Reg. No.	44,865

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: May 16, 2006

Signature:  (Janet Hollrah)

sf-2130514

MAY 16 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0551-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	09/881,513
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 12, 2001
		First Named Inventor	Mark W. SLIPP
		Examiner Name	D. E. England
TOTAL AMOUNT OF PAYMENT		(\$)	510.00
		Attorney Docket No.	495142000100

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissue)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
38		38	0	25	180		0
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
8		8	0	100	0		
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
- 100 =		150	(round up to a whole number) x			0	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							0
Other (e.g., late filing surcharge): 2253 Extension for response within third month							510.00

<b>SUBMITTED BY</b>			
Signature	<i>Katherine D. Lee</i>	Registration No. (Attorney/Agent)	44,865
Name (Print/Type)	Katherine D. Lee	Telephone	(415) 268-8983
		Date	May 16, 2006

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